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## \*BIBDATASHEET\*

CONFIRMATION NO. 1160

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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/199,333 04/24/2000  
and claims benefit of 60/211,417 06/14/2000  
and is a CIP of 09/215,624 12/17/1998 PAT 6,528,954  
which claims benefit of 60/071,281 12/17/1997  
and claims benefit of 60/068,792 12/24/1997  
and claims benefit of 60/078,861 03/20/1998  
and claims benefit of 60/079,285 03/25/1998  
and claims benefit of 60/090,920 06/26/1998  
This application 09/805,590  
is a CIP of 09/213,607 12/17/1998 ABN  
and is a CIP of 09/213,189 12/17/1998 PAT 6,459,919  
and is a CIP of 09/213,581 12/17/1998  
and is a CIP of 09/213,540 12/17/1998 PAT 6,720,745  
and is a CIP of 09/333,739 06/15/1999  
and is a CIP of 09/344,699 06/25/1999  
and is a CIP of 09/626,905 07/27/2000 PAT 6,340,868  
and is a CIP of 09/669,121 09/25/2000 PAT 6,806,659  
which is a CON of 09/425,770 10/22/1999 PAT 6,150,774  
which is a CON of 08/920,156 08/26/1997 PAT 6,016,038  
This application 09/805,590  
is a CIP of 09/742,017 12/20/2000 ABN  
which is a CON of 09/213,548 12/17/1998 PAT 6,166,496  
This application 09/805,590  
is a CIP of 09/213,537 12/17/1998 PAT 6,292,901  
and is a CIP of 09/213,659 12/17/1998 PAT 6,211,626

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		STATE OR COUNTRY MA	SHEETS DRAWING 24	TOTAL CLAIMS 8	INDEPENDENT CLAIMS 1
ADDRESS 25181 FOLEY HOAG, LLP PATENT GROUP, WORLD TRADE CENTER WEST 155 SEAPORT BLVD BOSTON , MA 02110					
TITLE LIGHT-EMITTING DIODE BASED PRODUCTS					
FILING FEE  RECEIVED 1500	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		